

<p align="center"><b>TRANSMITTAL FORM</b></p> <p align="center"><i>(to be used for all correspondence after initial filing)</i></p>		<b>Application Number</b>	10/023,337
		<b>Filing Date</b>	December 17, 2001
		<b>First Named Inventor</b>	Todd J. VISION
		Group Art Unit	1634
		Examiner Name	J. A. Goldberg
Total Number of Pages in This Submission	18 pages and Exhibit 1	<b>Attorney Docket Number</b>	19603/4040 (CRF D-2630-01)

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply ( <b>16 pages</b> ) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request ( <b>\$1,020</b> ) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (i.e., Notice of Appeal (\$500) and Request for Extension of Time for the Third Month (\$570)) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Check in the amount of _____. <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i> : <input checked="" type="checkbox"/> <b>Exhibit 1 (Adessi article)</b>
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
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Date	<b>May 5, 2006</b>

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